

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McWhorter
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004556 (4)

1. Corporation Name

OAK TREE MEDICAL CENTER CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

3000 IMMOKALEE ROAD
NAPLES FL 34110

3000 IMMOKALEE ROAD
NAPLES FL 34110



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1996 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 886 110th Ave N.

22 City & State

27 Suite #7

23 Zip

28 Naples FL

24 Country

29 34108 30 USA

4. FEI Number 65-0748668 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANT, RICHARD C
5551 RIDGEWOOD DRIVE #501
NAPLES FL 34108

81 Name Bryan J Warner
82 Street Address (P.O. Box Number is Not Acceptable) 886 110th Ave N. #7
83 Naples
84 City FL 85 Zip Code 34108

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Bryan J Warner 8/7/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COLLINS, GREGORY A
STREET ADDRESS 300 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL 34110

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME SEIBERT, KARLA A
STREET ADDRESS 300 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL 34110

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME AUGHTON, WILLIAM G
STREET ADDRESS 300 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL 34110

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP
NAME JENSEN, OVID E
STREET ADDRESS 300 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL 34110

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME GRUBBS, WILLIAM E JR
STREET ADDRESS 300 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL 34110

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED 8/5/97 941-591-1800

CP2E037 (4/97)